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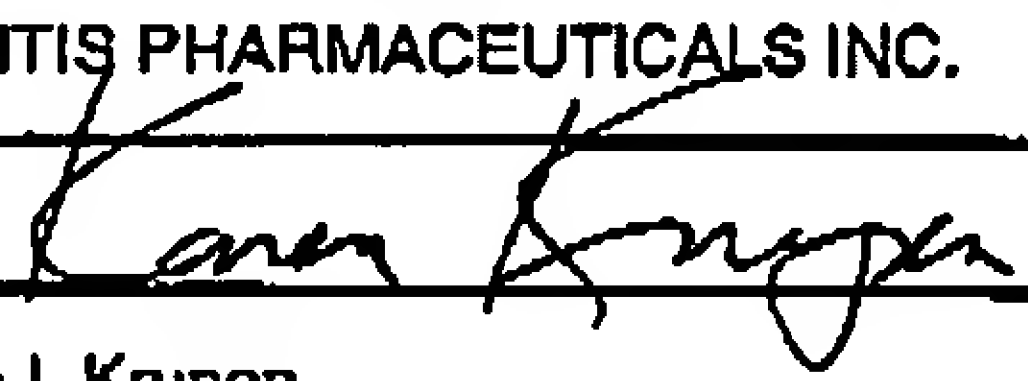
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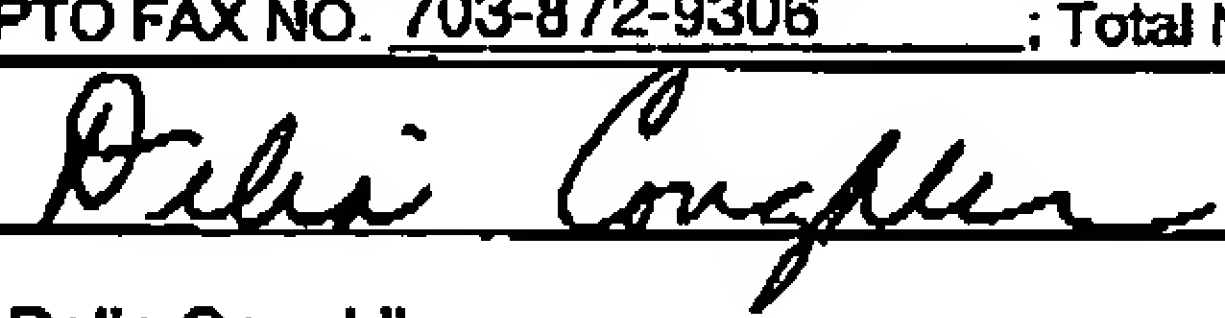
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/835,370/ Patent No. 6,777,544
	Filing Date	April 17, 2001
	First Named Inventor	Eugen UHLMANN et al.
	Art Unit	1637
	Examiner Name	J. Siew
Total Number of Pages in This Submission	Attorney Docket Number	DEAV2000/A022 US NP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">"Fee Address" Indication Form PTO/SB/47</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Karen I. Krupen		
Date	November 10, 2004	Reg. No.	34,647

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: (USPTO FAX NO. 703-872-9306; Total No. of Pages Transmitted: 2)			
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in the following listed application(s) for which the Issue Fee has been paid for patent(s).

PATENT NUMBER (If known)	APPLICATION NUMBER
6,777,544 B2	09/835,370

Completed by (check one):



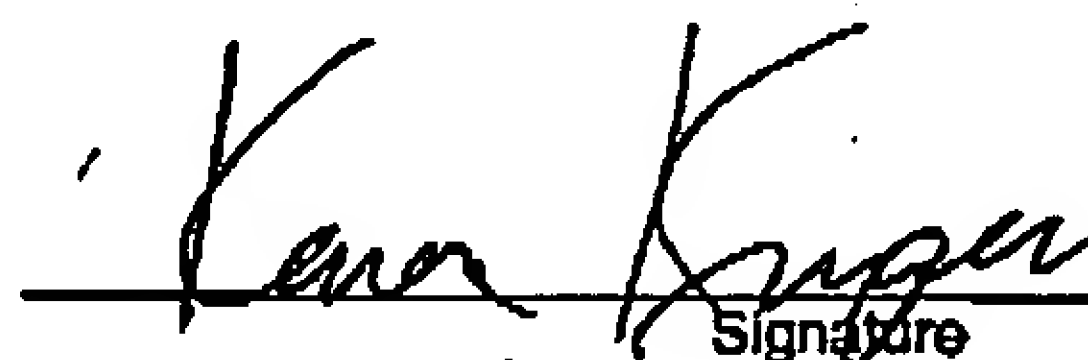
Applicant/Inventor



Attorney or Agent of record

34,647

(Reg. No.)


Signature

Karen I. Krupen, Reg. No. 34,647

Typed or printed name



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

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